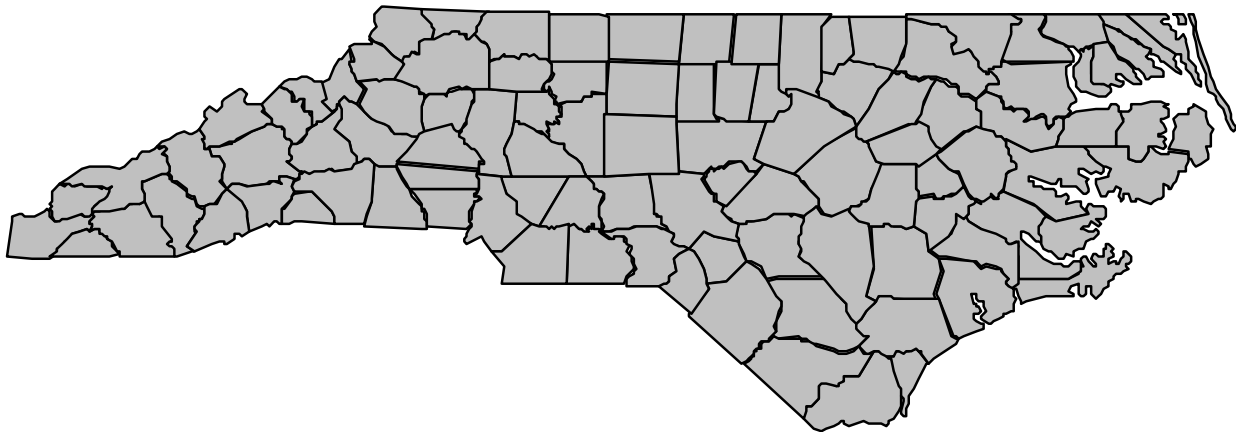


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**2004 - 2005 Performance Contract
With Local Management Entities**

**Fourth Quarter Report
April 1, 2005 - June 30, 2005**



Prepared by

Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

September 2005



2004 - 2005 Performance Contract

Fourth Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the SFY 1999-2000 Performance Agreement to replace the memorandum of agreement that historically was signed by each Area Authority or County Program and the Division. The creation of this new agreement marked a significant change in the relationship between the Division and the Area Authority and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of methods to monitor and/or verify fulfillment of Area Authority and County Program responsibilities and performance requirements elaborated in the agreements.

State Fiscal Year 2004-2005

A Performance Contract was developed for SFY 2004-2005 reflecting the new management functions of Area Authorities and County Programs as they transformed into Local Management Entities (LMEs). For all LMEs, it was agreed that the SFY 2003-2004 Performance Agreement would be used for the **first** and **second** quarters of SFY 2004-2005. Those LMEs that are in an earlier stage of the mental health system reform process and have not signed the SFY 2004-2005 Performance Contract will continue operating under the requirements of the SFY 2003-2004 Performance Agreement. Those LMEs that have signed the SFY 2004-2005 Performance Contract as of January 2005 will follow the new requirements in the **third** and **fourth** quarters of SFY 2004-2005. Correspondence to the Area Directors, dated October 26, 2004, details this process.

Twenty one of the 33 LMEs have executed the SFY 2004-2005 Performance Contract with the NC DHHS as of January 2005. A table listing the LMEs in each group is provided in this report following the introduction.

As in prior agreements, the current agreements/contracts provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present LME-specific performance data, comparisons to statewide data, and cross-LME comparisons.

This is the **Fourth Quarter Report** under the SFY 2004-2005 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the current contracts. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report. Due to challenges associated with system transformation and the rescheduling of the annual audit from Spring to Fall 2005, the reporting of the following measures have been deferred until SFY06: Access Line, Choice of Providers, Discharge and After-care Planning, Compliance with Diversion Law, Community Capacity Plan (MH), Provider Monitoring (part 2), Notice of Appeal Rights, Incident Management, Accounting and Claims Adjudication, Paybacks, Early Intervention COI, MH/SA COI, NC-TOPPS, and Olmstead Outcomes Monitoring.

The tables on the following pages list the report schedule, the performance requirements and standards, and LME performance under the SFY 2004-2005 Performance Contract. LME performance for LMEs operating under the SFY 2003-2004 Performance Agreement will be provided in a separate report.

Questions or Concerns

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison. The LME liaison will assist in getting answers to questions and/or having errors corrected.

LMEs Reporting Under The SFY 2004-2005 Performance Contract vs.
The SFY 2003-2004 Performance Agreement

The first column of this table lists the LMEs that have signed the SFY 2004-2005 Performance Contract as of January 1, 2005 and will begin reporting information for the new requirements beginning with the third and fourth quarters. The second column lists the LMEs that will continue to use the measures in the SFY 2003-2004 Performance Agreement until the new Performance Contract is signed.

LME	SFY 2004-2005 Performance Contract	SFY 2003-2004 Performance Agreement
Alamance-Caswell		X
Albermarle		X
Catawba	X	
CenterPoint	X	
Crossroads	X	
Cumberland	X	
Durham	X	
Eastpointe	X	
Edgecombe-Nash		X
Foothills	X	
Guilford	X	
Johnston	X	
Lee-Harnett		X
Mecklenburg	X	
Neuse	X	
New River	X	
Onslow	X	
Orange-Person-Chatham	X	
Pathways		X
Pitt	X	
Riverstone		X
Roanoke-Chowan		X
Rockingham		X
Sandhills	X	
Smoky Mountain	X	
Southeastern Center	X	
Southeastern Regional	X	
Tideland		X
VGFW	X	
Wake	X	
Western Highlands Network		X
Wilson-Greene		X

2004 - 2005 Performance Contract Report Schedule

The table below shows which requirements will be reported by quarter

Requirement		1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1.1. General Administration and Governance					
1.1.1.	Local Business Plan Implementation	X	X	X	X
1.2. Access, Triage, and Referral					
1.2.1.	Access to Emergent Care	X	X	X	X
1.2.2.	Access to Urgent Care	X	X	X	X
1.2.3.	Access to Routine Care	X	X	X	X
1.2.4.	Access Line	X	X	X	X
1.3. Service Management					
1.3.1.	Choice of Providers		X		
1.3.2.	Discharge Planning With State Operated Services		X		
1.3.3.	After-care Planning With State Operated Services		X		
1.3.4.	Compliance With Diversion Law NCGS 122C-261(f)		X		
1.3.5.	Transition To Community Services (Community Capacity Plan)				X
1.3.5.	Transition To Community Services (Bed Day Allocations)	X	X	X	X
1.4. Provider Relations and Support					
1.4.1.	Proximity				X
1.4.2.	SB 163 Provider Monitoring	X	X	X	X
1.5. Customer Services and Consumer Rights					
1.5.1.	Consumer Rights: Proper Notice Of Appeal Rights		X		
1.6. Quality Management and Outcomes Evaluation					
1.6.1.	Quality Improvement Process				X
1.6.2.	Incident Management		X		
1.6.3.	Incident Reporting	X	X	X	X
1.7. Business Management and Accounting					
1.7.1.	Accounting and Claims Adjudication		X		
1.8. Information Management, Analysis, and Reporting					
1.8.1.	<u>System Monitoring:</u>				
1.8.1.1.	Quarterly Fiscal Monitoring Reports	X	X	X	X
1.8.1.2.	Cost Finding Report		X		
1.8.1.3.	Paybacks				X
1.8.1.4.	SAPTBG Compliance Report		X		X
1.8.1.5.	Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6.	Work First Initiative Quarterly Reports	X	X	X	X
1.8.2.	<u>Consumer Information:</u>				
1.8.2.1.	Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2.	Client Data Warehouse (CDW) - Missing Data	X	X	X	X
1.8.2.3.	Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4.	Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5.	Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.6.	Early Intervention Client Outcome Inventory (EI COI)	X	X	X	X
1.8.2.7.	DD Client Outcome Inventory (DD COI)	X	X	X	X
1.8.2.8.	MH/SA Client Outcome Inventory (MH/SA COI)	X	X	X	X
1.8.2.9.	NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10.	NC Treatment Outcomes and Program Performance System (Update)				X
1.8.2.11.	National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.12.	Olmstead Outcome Monitoring	X	X	X	X
1.8.2.13.	NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14.	Consumer Satisfaction Survey (CSS)			X	

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Summary of LME Clinical Performance Measures

LME	Qtr	Percent Met (★ or ★★)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care	1.2.4. Access Line
Neuse	4	100.0%	★★	★	★	
New River	4	100.0%	★★	★	★	
Onslow	4	100.0%	★★	★	★	
Catawba	4	66.7%	★★	★		
CenterPoint	4	66.7%	★★	★		
Crossroads	4	66.7%	★★	★		
Cumberland	4	66.7%	★★	★		
Durham	4	66.7%	★★	★		
Foothills	4	66.7%	★★	★★		
Johnston	4	66.7%	★★	★★		
Mecklenburg	4	66.7%	★★		★	
Orange-Person-Chatham	4	66.7%	★★	★		
Pitt	4	66.7%		★	★	
Sandhills Center	4	66.7%	★★	★		
Southeastern Center	4	66.7%	★★	★		
Vance-Granville-Franklin-Warren	4	66.7%	★	★		
Wake	4	66.7%	★★	★		
Eastpointe	4	33.3%	★★			
Guilford	4	33.3%	★★			
Smoky Mountain	4	33.3%	★★			
Southeastern Regional	4	33.3%	★★			

Results not included this quarter due to lack of uniformity in data collection.

State Avg

Met Best Practice Standard Q4: ★★	33.3%	19 90.5%	2 9.5%	0 0.0%	0 0.0%
Met the SFY 2005 Standard Q4: ★	31.7%	1 4.8%	14 66.7%	5 23.8%	0 0.0%
Total	65.1%	20 95.2%	16 76.2%	5 23.8%	0 0.0%

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.

**2004 - 2005 Performance Contract
Fourth Quarter Report
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Summary of LME System Management Performance Measures

LME	Qtr	Percent Met (★ or ★★)	1.3.5. Community Capacity - DD	1.3.5. Community Capacity - MH	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric	1.3.5. Bed-Day Allocations - ADATC	1.4.1. Proximity of Providers and Consumers - Crisis Services	1.4.1. Proximity of Providers and Consumers - Assessment	1.4.1. Proximity of Providers and Consumers - Case Management	1.4.1. Proximity of Providers and Consumers - Outpatient Therapy	1.4.1. Proximity of Providers and Consumers - Periodic CAP-MR/DD Waiver Services	1.4.2. SB 163 Provider Monitoring - Timely Resolution	1.6.1. QI Process	1.6.3. Incident Reporting
Durham	4	100.0%	★★		★★	★★	★★	★	★★	★★	★★	★★	★★	★★	★★	★★	★★
Guilford	4	100.0%	★★		★★	★★	★★	★★	★★	★★	★★	★★	★★	★★	★	★	★★
New River	4	100.0%			★★	★★	★★	★	★	★★	★★	★★	★★	★★	★★	★	★★
Sandhills Center	4	92.9%	★★		★★	★★	★★		★★	★★	★★	★★	★★	★★	★★	★	★★
Neuse	4	92.3%			★	★★		★	★★	★★	★★	★★	★★	★★	★★	★	★★
Onslow	4	92.3%			★★	★★	★★		★★	★★	★★	★★	★★	★★	★★	★	★★
Pitt	4	92.3%			★★	★★		★	★★	★★	★★	★★	★★	★★	★★	★	★★
Eastpointe	4	85.7%	★★		★★	★★		★★		★★	★★	★★	★★	★★	★	★	★★
Mecklenburg	4	85.7%	★★		★★	★★			★★	★★	★★	★★	★★	★★	★★	★★	★★
Southeastern Regional	4	85.7%	★★		★★	★★	★			★★	★★	★★	★★	★★	★	★★	★★
Cumberland	4	84.6%			★★			★★	★★	★★	★★	★★	★★	★★	★	★	★★
Foothills	4	84.6%			★★	★★	★★		★	★★	★★	★★	★★	★★	★★		★
Catawba	4	78.6%	★★		★			★★	★★	★★	★★	★★	★★	★★		★	★★
Orange-Person-Chatham	4	78.6%	★★		★★	★★			★★	★★	★★	★★	★★	★★		★	★★
Southeastern Center	4	78.6%	★★			★★			★★	★★	★★	★★	★★	★★	★★	★	★★
Vance-Granville-Franklin-Warren	4	78.6%	★★			★★	★★		★★	★★	★★	★★	★★	★★		★	★★
Smoky Mountain	4	76.9%			★★	★		★★		★★	★★	★★	★★	★★	★★		★★
Wake	4	76.9%			★★				★★	★★	★★	★★	★★	★★	★★	★	★★
Crossroads	4	71.4%	★★		★	★★				★★	★★	★★	★★	★★		★	★
Johnston	4	69.2%			★★				★★	★★	★★	★★	★★	★★		★	★
CenterPoint	4	42.9%	★★			★★	★★								★	★	★★

Waived until SFY06 due to technical issues accessing the web-based tool.

State Avg

Met Best Practice Standard Q4: ★★	70.9%	12 100.0%	0 0.0%	15 71.4%	16 76.2%	8 38.1%	5 23.8%	14 66.7%	20 95.2%	20 95.2%	20 95.2%	20 95.2%	20 95.2%	11 52.4%	3 14.3%	18 85.7%
Met the SFY 2005 Standard Q4: ★	12.3%	0 0.0%	0 0.0%	3 14.3%	1 4.8%	1 4.8%	4 19.0%	2 9.5%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	5 23.8%	16 76.2%	3 14.3%
Total	83.2%	12 100.0%	0 0.0%	18 85.7%	17 81.0%	9 42.9%	9 42.9%	16 76.2%	20 95.2%	20 95.2%	20 95.2%	20 95.2%	20 95.2%	16 76.2%	19 90.5%	21 100.0%

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.

**2004 - 2005 Performance Contract
Fourth Quarter Report
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Summary of LME Administrative Performance Measures

LME	Qtr	Percent Met (★ or ★★)	1.1.1. Local Business Plan	1.8.1. Quarterly Fiscal Monitoring Reports	1.8.1.4. SAPTBG Compliance Reports	1.8.1.5. SA/JJ Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.2. CDW - Completeness	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.6. Early Intervention COI	1.8.2.7. DD COI	1.8.2.8. MH/SA COI	1.8.2.9. NC TOPPS (Initial)	1.8.2.12. Oimstead Outcome Monitoring	1.8.2.13. NC-SNAP
CenterPoint	4	90.0%	★★		★★	★★	★★	★★	★★	★★	★★						★
Mecklenburg	4	90.0%	★★		★★	★★	★★	★★	★★	★	★★		★				
Neuse	4	90.0%	★★		★★	★★	★★	★★	★★	★★	★★						★
Sandhills Center	4	90.0%	★★		★★	★★	★★	★★	★★	★★	★★						★
Southeastern Regional	4	90.0%	★★		★★	★★	★★	★★	★★	★★	★★					★★	
Catawba	4	88.9%	★★		★★		★★	★★	★★	★★	★★		★				
Orange-Person-Chatham	4	88.9%	★★		★★		★★	★★	★★	★★	★★						★
Cumberland	4	80.0%	★★		★★	★★	★★	★★	★★	★★	★★						
Eastpointe	4	80.0%	★★		★★	★★	★★	★★	★★	★★	★★						
Foothills	4	80.0%	★★		★★	★★	★★	★★	★★	★★	★★						
Guilford	4	80.0%	★★		★★	★★	★★	★★	★★	★★	★★						
Southeastern Center	4	80.0%	★★		★★	★★	★★	★★	★★	★★	★★						
Vance-Granville-Franklin-Warren	4	80.0%			★★	★★	★★	★★	★★	★★	★						★
Wake	4	80.0%	★★		★★	★★	★★	★★	★★	★★	★★						
Crossroads	4	77.8%	★★		★★		★★	★★	★★	★★	★						
Johnston	4	77.8%	★★		★		★★	★★	★★	★★	★★						
Onslow	4	77.8%	★★		★★		★★	★★	★★	★★	★★						
Durham	4	70.0%	★★		★★	★★	★★		★★	★★	★★						
Pitt	4	70.0%	★★		★★	★★	★★	★★	★★	★							
New River	4	66.7%	★★		★		★	★★	★★		★★						
Smoky Mountain	4	66.7%	★★				★★	★★	★★	★★							★

State Avg

Met Best Practice Standard Q4: ★★	73.4%	20 95.2%	0 0.0%	18 85.7%	14 100.0%	20 95.2%	20 95.2%	21 100.0%	18 85.7%	17 81.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 4.8%
Met the SFY 2005 Standard Q4: ★	7.4%	0 0.0%	0 0.0%	2 9.5%	0 0.0%	1 4.8%	0 0.0%	0 0.0%	2 9.5%	2 9.5%	0 0.0%	2 9.5%	0 0.0%	0 0.0%	0 0.0%	6 28.6%
Total	80.8%	20 95.2%	0 0.0%	20 95.2%	14 100.0%	21 100.0%	20 95.2%	21 100.0%	20 95.2%	19 90.5%	0 0.0%	2 9.5%	0 0.0%	0 0.0%	0 0.0%	7 33.3%

Notes:

1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.

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General Administration and Governance.
1.1.1. Local Business Plan Implementation

Performance Requirement: LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

Best Practice Standard: 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.
SFY 2005 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/30/04)			2nd Qtr Report (Due 1/30/05)			3rd Qtr Report (Due 4/30/05)			4th Qtr Report (Due 7/30/05)			Standard Met ²
	Date Received ¹	Evidence Implement ation	CFAC Statement	Date Received ¹	Evidence Implement ation	CFAC Statement	Date Received ¹	Evidence Implement ation	CFAC Statement	Date Received ¹	Evidence Implement ation	CFAC Statement	
Alamance-Caswell	Subject to Performance Agreement												
Albemarle	Subject to Performance Agreement												
Catawba							4/14/05	Yes	Yes	7/18/05	Yes	Yes	★★
CenterPoint							4/29/05	Yes	Yes	7/21/05	Yes	Yes	★★
Crossroads							4/22/05	Yes	Yes	7/19/05	Yes	Yes	★★
Cumberland							4/14/05	Yes	Yes	7/19/05	Yes	Yes	★★
Durham							4/10/05	Yes	Yes	7/15/05	Yes	Yes	★★
Eastpointe							4/27/05	Yes	Yes	7/29/05	Yes	Yes	★★
Edgecombe-Nash	Subject to Performance Agreement												
Foothills							4/29/05	Yes	Yes	7/29/05	Yes	Yes	★★
Guilford							4/27/05	Yes	Yes	7/29/05	Yes	Yes	★★
Johnston							4/29/05	Yes	Yes	7/25/05	Yes	Yes	★★
Lee-Harnett	Subject to Performance Agreement												
Mecklenburg							4/29/05	Yes	Yes	7/29/05	Yes	Yes	★★
Neuse							4/4/05	Yes	Yes	7/7/05	Yes	Yes	★★
New River							4/30/05	Yes	Yes	7/29/05	Yes	Yes	★★
Onslow							4/30/05	Yes	Yes	7/21/05	Yes	Yes	★★
Orange-Person-Chatham							4/25/05	Yes	Yes	7/21/05	Yes	Yes	★★
Pathways	Subject to Performance Agreement												
Pitt							4/21/05	Yes	Yes	7/21/05	Yes	Yes	★★
RiverStone	Subject to Performance Agreement												
Roanoke-Chowan	Subject to Performance Agreement												
Rockingham	Subject to Performance Agreement												
Sandhills Center							4/29/05	Yes	Yes	7/29/05	Yes	Yes	★★
Smoky Mountain							4/30/05	Yes	Yes	7/29/05	Yes	Yes	★★
Southeastern Center							4/29/05	Yes	Yes	7/18/05	Yes	Yes	★★
Southeastern Regional							4/26/05	Yes	Yes	7/28/05	Yes	Yes	★★
Tideland	Subject to Performance Agreement												
Vance-Granville-Franklin-Warren							4/29/05	Yes	Yes	8/1/05	Yes	No	
Wake							4/30/05	Yes	Yes	7/29/05	Yes	Yes	★★
Western Highlands	Subject to Performance Agreement												
Wilson-Greene	Subject to Performance Agreement												

Number and Percent of LMEs that met the Best Practice Standard:

20 (95.2 %)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date.
2. ★ = Meeting (YTD) or Met (End of Year) SFY 2005 Performance Contract Standard. ★★ = Meeting (YTD) or Met (End of Year) Best Practice Standard.

2004 - 2005 Performance Contract
Fourth Quarter Report
April 1, 2005 - June 30, 2005

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2005 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen ² in 2 Hours		Total Provided Access Within 2 Hours ³		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons ⁴ Determined To Need	Met Std ⁵
Alamance-Caswell	Subject to Performance Agreement										
Albemarle	Subject to Performance Agreement										
Catawba	7/15/05	1,854	31	1.7%	30	96.8%	1	3.2%	31	100.0%	★★
CenterPoint	7/20/05	1,367	32	2.3%	27	84.4%	5	15.6%	32	100.0%	★★
Crossroads	7/20/05	1,880	171	9.1%	166	97.1%	5	2.9%	171	100.0%	★★
Cumberland	7/21/05	1,797	166	9.2%	166	100.0%	0	0.0%	166	100.0%	★★
Durham	7/19/05	1,305	194	14.9%	194	100.0%	0	0.0%	194	100.0%	★★
Eastpointe	7/20/05	679	39	5.7%	39	100.0%	0	0.0%	39	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement										
Foothills	7/19/05	2,453	249	10.2%	249	100.0%	0	0.0%	249	100.0%	★★
Guilford	7/12/05	6,803	1,300	19.1%	1,293	99.5%	7	0.5%	1,300	100.0%	★★
Johnston	7/20/05	468	9	1.9%	9	100.0%	0	0.0%	9	100.0%	★★
Lee-Harnett	Subject to Performance Agreement										
Mecklenburg	7/19/05	1,482	9	0.6%	5	55.6%	4	44.4%	9	100.0%	★★
Neuse	7/12/05	1,012	219	21.6%	214	97.7%	5	2.3%	219	100.0%	★★
New River	7/21/05	3,900	202	5.2%	186	92.1%	16	7.9%	202	100.0%	★★
Onslow	7/14/05	1,072	119	11.1%	119	100.0%	0	0.0%	119	100.0%	★★
Orange-Person-Chatham	7/20/05	533	6	1.1%	6	100.0%	0	0.0%	6	100.0%	★★
Pathways	Subject to Performance Agreement										
Pitt	7/19/05	676	53	7.8%	11	20.8%	15	28.3%	26	49.1%	
RiverStone	Subject to Performance Agreement										
Roanoke-Chowan	Subject to Performance Agreement										
Rockingham	Subject to Performance Agreement										
Sandhills Center	7/20/05	2,247	576	25.6%	554	96.2%	22	3.8%	576	100.0%	★★
Smoky Mountain	7/19/05	1,074	271	25.2%	167	61.6%	104	38.4%	271	100.0%	★★
Southeastern Center	7/20/05	1,722	15	0.9%	14	93.3%	1	6.7%	15	100.0%	★★
Southeastern Regional	7/18/05	1,237	82	6.6%	80	97.6%	2	2.4%	82	100.0%	★★
Tideland	Subject to Performance Agreement										
Vance-Granville-Franklin-Warren	7/20/05	989	252	25.5%	233	92.5%	16	6.3%	249	98.8%	★
Wake	7/22/05	2,166	354	16.3%	338	95.5%	16	4.5%	354	100.0%	★★
Western Highlands	Subject to Performance Agreement										
Wilson-Greene	Subject to Performance Agreement										
Total		36,716	4,349	11.8%	4,100	94.3%	219	5.0%	4,319	99.3%	★

Number and Pct of LMEs that met the Best Practice Standard:

19 (90.5 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

1 (4.8 %)

Total

20 (95.2 %)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen** is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours** includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract
Fourth Quarter Report
April 1, 2005 - June 30, 2005

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2005 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received¹	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons³ Determined To Need	Met Std⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell	Subject to Performance Agreement											
Albemarle	Subject to Performance Agreement											
Catawba	7/15/05	1,854	33	1.8%	29	87.9%	★	0	0.0%	3	9.1%	97.0%
CenterPoint	7/20/05	1,367	537	39.3%	503	93.7%	★	18	3.4%	16	3.0%	100.0%
Crossroads	7/20/05	1,880	109	5.8%	105	96.3%	★		0.0%		0.0%	96.3%
Cumberland	7/21/05	1,797	113	6.3%	105	92.9%	★	5	4.4%	2	1.8%	99.1%
Durham	7/19/05	1,305	313	24.0%	298	95.2%	★	3	1.0%	6	1.9%	98.1%
Eastpointe	7/20/05	679	22	3.2%	3	13.6%		9	40.9%	10	45.5%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Foothills	7/19/05	2,453	167	6.8%	167	100.0%	★★	0	0.0%	0	0.0%	100.0%
Guilford	7/12/05	6,803	27	0.4%	22	81.5%		3	11.1%	2	7.4%	100.0%
Johnston	7/20/05	468	13	2.8%	13	100.0%	★★	0	0.0%		0.0%	100.0%
Lee-Harnett	Subject to Performance Agreement											
Mecklenburg	7/19/05	1,482	21	1.4%	4	19.0%		0	0.0%	17	81.0%	100.0%
Neuse	7/12/05	1,012	103	10.2%	96	93.2%	★	3	2.9%	4	3.9%	100.0%
New River	7/21/05	3,900	655	16.8%	603	92.1%	★	19	2.9%	33	5.0%	100.0%
Onslow	7/14/05	1,072	493	46.0%	487	98.8%	★	6	1.2%	0	0.0%	100.0%
Orange-Person-Chatham	7/20/05	533	10	1.9%	9	90.0%	★	0	0.0%	0	0.0%	90.0%
Pathways	Subject to Performance Agreement											
Pitt	7/19/05	676	63	9.3%	56	88.9%	★	1	1.6%	3	4.8%	95.2%
RiverStone	Subject to Performance Agreement											
Roanoke-Chowan	Subject to Performance Agreement											
Rockingham	Subject to Performance Agreement											
Sandhills Center	7/20/05	2,247	379	16.9%	344	90.8%	★	19	5.0%	16	4.2%	100.0%
Smoky Mountain	7/19/05	1,074	186	17.3%	137	73.7%		7	3.8%	42	22.6%	100.0%
Southeastern Center	7/20/05	1,722	408	23.7%	365	89.5%	★	18	4.4%	13	3.2%	97.1%
Southeastern Regional	7/18/05	1,237	198	16.0%	164	82.8%		1	0.5%	9	4.5%	87.9%
Tideland	Subject to Performance Agreement											
Vance-Granville-Franklin-Warren	7/20/05	989	82	8.3%	71	86.6%	★	5	6.1%	6	7.3%	100.0%
Wake	7/22/05	2,166	344	15.9%	313	91.0%	★	16	4.7%	15	4.4%	100.0%
Western Highlands	Subject to Performance Agreement											
Wilson-Greene	Subject to Performance Agreement											
Total		36,716	4,276	11.6%	3,894	91.1%	★	133	3.1%	197	4.6%	98.8%

Number and Pct of LMEs that met the Best Practice Standard:

2 (9.5 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

14 (66.7 %)

Total

16 (76.2 %)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract
Fourth Quarter Report
April 1, 2005 - June 30, 2005

Access, Triage and Referral.
1.2.3. Access to Routine Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2005 Standard: 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Routine Care								% Provided Access Including Declined + No Show	
			Determined To Need		Provided Within 7 Days			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons		% Persons Determined To Need
Alamance-Caswell	Subject to Performance Agreement											
Albemarle	Subject to Performance Agreement											
Catawba	7/15/05	1,854	1,000	53.9%	426	42.6%		111	11.1%	211	21.1%	74.8%
CenterPoint	7/20/05	1,367	745	54.5%	322	43.2%		9	1.2%	121	16.2%	60.7%
Crossroads	7/20/05	1,880	1,441	76.6%	982	68.1%			0.0%		0.0%	68.1%
Cumberland	7/21/05	1,797	1,066	59.3%	564	52.9%		130	12.2%	330	31.0%	96.1%
Durham	7/19/05	1,305	988	75.7%	506	51.2%		61	6.2%	272	27.5%	84.9%
Eastpointe	7/20/05	679	499	73.5%	177	35.5%		166	33.3%	156	31.3%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Foothills	7/19/05	2,521	2,105	83.5%	1,738	82.6%		299	14.2%	68	3.2%	100.0%
Guilford	7/12/05	6,803	2,023	29.7%	1,353	66.9%		299	14.8%	371	18.3%	100.0%
Johnston	7/20/05	468	446	95.3%	196	43.9%		57	12.8%	143	32.1%	88.8%
Lee-Harnett	Subject to Performance Agreement											
Mecklenburg	7/19/05	1,482	1,253	84.5%	1,172	93.5%	★	13	1.0%	0	0.0%	94.6%
Neuse	7/12/05	1,012	646	63.8%	588	91.0%	★	7	1.1%	51	7.9%	100.0%
New River	7/21/05	3,900	2,091	53.6%	1,778	85.0%	★	209	10.0%	104	5.0%	100.0%
Onslow	7/14/05	1,072	439	41.0%	416	94.8%	★	0	0.0%	23	5.2%	100.0%
Orange-Person-Chatham	7/20/05	533	517	97.0%	270	52.2%		20	3.9%	225	43.5%	99.6%
Pathways	Subject to Performance Agreement											
Pitt	7/19/05	676	518	76.6%	486	93.8%	★	14	2.7%	6	1.2%	97.7%
RiverStone	Subject to Performance Agreement											
Roanoke-Chowan	Subject to Performance Agreement											
Rockingham	Subject to Performance Agreement											
Sandhills Center	7/20/05	2,247	1,286	57.2%	841	65.4%		148	11.5%	175	13.6%	90.5%
Smoky Mountain	7/19/05	1,074	617	57.4%	254	41.2%		0	0.0%	203	32.9%	74.1%
Southeastern Center	7/20/05	1,722	1,290	74.9%	939	72.8%		221	17.1%	84	6.5%	96.4%
Southeastern Regional	7/18/05	1,237	953	77.0%	625	65.6%		15	1.6%	76	8.0%	75.1%
Tideland	Subject to Performance Agreement											
Vance-Granville-Franklin-Warren	7/20/05	989	655	66.2%	240	36.6%		49	7.5%	65	9.9%	54.0%
Wake	7/22/05	2,166	1,418	65.5%	924	65.2%		65	4.6%	55	3.9%	73.6%
Western Highlands	Subject to Performance Agreement											
Wilson-Greene	Subject to Performance Agreement											
Total		36,784	21,996	59.8%	14,797	67.3%		1,893	8.6%	2,739	12.5%	88.3%

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2005 Standard:

Total

0 (0 %)
5 (23.8 %)
5 (23.8 %)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

Access, Triage and Referral.
1.2.4. Access Line

Performance Requirement: LME maintains a toll-free Access Line that is staffed 24 hours per day every day with trained personnel. Calls are answered within 6 rings. DHHS will monitor the number of rings it takes to answer the Access Line through a mystery shopper program. A minimum of 10 calls per quarter will be sampled.

Best Practice Standard: 100% of calls are answered within 6 rings.

SFY 2005 Standard: 85% of calls are answered within 6 rings.

Local Management Entity	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
	# Calls Made	Answered Within 6 Rings		# Calls Made	Answered Within 6 Rings		# Calls Made	Answered Within 6 Rings		# Calls Made	Answered Within 6 Rings	
		#	% ²		#	% ²		#	% ²		#	% ²
Alamance-Caswell	Subject to Performance Agreement											
Albemarle	Subject to Performance Agreement											
Catawba												
CenterPoint												
Crossroads												
Cumberland												
Durham												
Eastpointe												
Edgecombe-Nash	Subject to Performance Agreement											
Foothills												
Guilford												
Johnston												
Lee-Harnett	Subject to Performance Agreement											
Mecklenburg												
Neuse												
New River												
Onslow												
Orange-Person-Chatham												
Pathways	Subject to Performance Agreement											
Pitt												
RiverStone	Subject to Performance Agreement											
Roanoke-Chowan	Subject to Performance Agreement											
Rockingham	Subject to Performance Agreement											
Sandhills Center												
Smoky Mountain												
Southeastern Center												
Southeastern Regional												
Tideland	Subject to Performance Agreement											
Vance-Granville-Franklin-Warren												
Wake												
Western Highlands	Subject to Performance Agreement											
Wilson-Greene	Subject to Performance Agreement											

Results not included this quarter due to lack of uniformity in data collection.

Number and Pct of LMEs that met the Best Practice Standard:	0 (0 %)	0 (0 %)	0 (0 %)	0 (0 %)
Number and Pct of LMEs that met the SFY 2005 Standard:	0 (0 %)	0 (0 %)	0 (0 %)	0 (0 %)
Total	0 (0 %)	0 (0 %)	0 (0 %)	0 (0 %)

Notes:

- ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.
- Percents less than 85% are shaded.

Service Management.
1.3.5. Transition To Community Services (Community Capacity Plan - MH)

Performance Requirement: LMEs are required to develop and implement a Community Capacity Plan to facilitate the transition of consumers from State-Operated facilities to community-based services, within available resources allocated by DMH/DD/SAS and from those earned via Medicaid billings. DHHS shall approve these plans and monitor implementation to ensure that services and supports are developed and/or community capacity is expanded according to the parameters set forth in each approved plan.

Best Practice Standard: 100% of services and supports are developed or capacity is expanded according to the parameters in the approved plan.

SFY 2005 Standard: 80% of services and supports are developed or capacity is expanded according to the parameters in the approved plan.

Local Management Entity	# of Services and Supports Planned	# Developed According to the Parameters	# Achieved Adequate Expanded Capacity	# In Development and Progressing as Planned	Total # Planned Services and Supports that Met Parameters	% of Planned Services and Supports that Met Parameters ¹	Standard Met ²	Remarks
Alamance-Caswell	Subject to Performance Agreement							
Albemarle	Subject to Performance Agreement							
Catawba								
CenterPoint								
Crossroads								
Cumberland								
Durham								
Eastpointe								
Edgecombe-Nash	Subject to Performance Agreement							
Foothills								
Guilford								
Johnston								
Lee-Harnett	Subject to Performance Agreement							
Mecklenburg								
Neuse								
New River								
Onslow								
Orange-Person-Chatham								
Pathways	Subject to Performance Agreement							
Pitt								
RiverStone	Subject to Performance Agreement							
Roanoke-Chowan	Subject to Performance Agreement							
Rockingham	Subject to Performance Agreement							
Sandhills Center								
Smoky Mountain								
Southeastern Center								
Southeastern Regional								
Tideland	Subject to Performance Agreement							
Vance-Granville-Franklin-Warren								
Wake								
Western Highlands	Subject to Performance Agreement							
Wilson-Greene	Subject to Performance Agreement							

Waived until SFY06 due to technical issues around LMEs accessing the web-based monitoring tool.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0 %)

Total

0 (0 %)

Notes:

1. Percentages below 80% are shaded and in bold font.

2. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract
Fourth Quarter Report
April 1, 2005 - June 30, 2005

Service Management.
1.3.5. Transition To Community Services (Community Capacity Plan - DD)

Performance Requirement: LMEs are required to develop and implement a Community Capacity Plan to facilitate the transition of consumers from State-Operated facilities to community-based services, within available resources allocated by DMH/DD/SAS and from those earned via Medicaid billings. DHHS shall approve these plans and monitor implementation to ensure that services and supports are developed and/or community capacity is expanded according to the parameters set forth in each approved plan.

Best Practice Standard: Allocated resources are used as planned to expand capacity unless justified (beyond the LME's control).

SFY 2005 Standard: Same as Best Practice Standard.

Local Management Entity	Allocated Resources Used As Planned			Standard Met ¹	Remarks
	Yes	No, But Justified	No		
Alamance-Caswell					Subject to Performance Agreement
Albemarle					Subject to Performance Agreement
Catawba	X			★★	
CenterPoint		X		★★	Large portion spent. Requested balance in 06.
Crossroads		X		★★	Large portion spent. Requested portion of balance in 06.
Cumberland					No funding requested.
Durham		X		★★	Large portion spent. Requested balance in 06.
Eastpointe		X		★★	Large [portion spent. Requested balance in 06.
Edgecombe-Nash					Subject to Performance Agreement
Foothills					No funding requested.
Guilford		X		★★	Large portion spent. Requested balance in 06.
Johnston					No funding requested.
Lee-Harnett					Subject to Performance Agreement
Mecklenburg		X		★★	Large portion spent. Yet to determine future need.
Neuse					No funding requested.
New River					No funding requested.
Onslow					No funding requested.
Orange-Person-Chatham	X			★★	
Pathways					Subject to Performance Agreement
Pitt					No funding requested.
RiverStone					Subject to Performance Agreement
Roanoke-Chowan					Subject to Performance Agreement
Rockingham					Subject to Performance Agreement
Sandhills Center	X			★★	
Smoky Mountain					No funding requested.
Southeastern Center		X		★★	Large portion spent. Requested balance in 06.
Southeastern Regional	X			★★	
Tideland					Subject to Performance Agreement
Vance-Granville-Franklin-Warren		X		★★	Large portion spent. Requested balance in 06.
Wake					No funding requested.
Western Highlands					Subject to Performance Agreement
Wilson-Greene					Subject to Performance Agreement

Number and Pct of LMEs that met the Best Practice Standard:

12 (100%)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0%)

Total

12 (100%)

Notes:

1. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

Service Management.
1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2005 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²
YTD straight-line percentage:	100%				100%				100%				100%			
Alamance-Caswell	Subject to Performance Agreement															
Albemarle	Subject to Performance Agreement															
Catawba	1,160	1,085	93.5%	★	1,159	1,354	116.8%		472	592	125.4%		267	19	7.1%	★★
CenterPoint	7,251	8,659	119.4%		7,717	4,323	56.0%	★★	2,405	1,766	73.4%	★★	1,052	1,652	157.0%	
Crossroads	4,180	3,917	93.7%	★	2,441	1,953	80.0%	★★	1,041	1,174	112.8%		350	1,039	296.9%	
Cumberland	3,506	2,830	80.7%	★★	2,090	3,060	146.4%		591	627	106.1%		681	598	87.8%	★★
Durham	7,611	5,696	74.8%	★★	7,682	2,822	36.7%	★★	5,195	3,646	70.2%	★★	1,259	1,172	93.1%	★
Eastpointe	7,044	6,295	89.4%	★★	11,500	8,756	76.1%	★★	833	1,331	159.8%		2,156	1,077	50.0%	★★
Edgecombe-Nash	Subject to Performance Agreement															
Foothills	5,871	4,431	75.5%	★★	3,631	2,048	56.4%	★★	2,405	1,423	59.2%	★★	1,442	1,751	121.4%	
Gulford	10,043	6,626	66.0%	★★	7,749	5,337	68.9%	★★	3,626	2,610	72.0%	★★	1,266	843	66.6%	★★
Johnston	1,251	484	38.7%	★★	389	1,894	486.9%		1,436	1,601	111.5%		443	477	107.7%	
Lee-Harnett	Subject to Performance Agreement															
Mecklenburg	5,065	4,408	87.0%	★★	6,881	5,749	83.5%	★★	567	945	166.7%		1,070	1,435	134.1%	
Neuse	3,251	3,020	92.9%	★	7,924	3,908	49.3%	★★	781	1,223	156.6%		735	732	99.6%	★
New River	3,351	2,985	89.1%	★★	2,347	1,638	69.8%	★★	855	576	67.4%	★★	617	579	93.8%	★
Onslow	2,273	2,010	88.4%	★★	2,511	1,954	77.8%	★★	446	331	74.2%	★★	170	207	121.8%	
Orange-Person-Chatham	4,090	2,580	63.1%	★★	3,545	1,554	43.8%	★★	2,341	2,392	102.2%		792	1,260	159.1%	
Pathways	Subject to Performance Agreement															
Pitt	2,917	2,144	73.5%	★★	4,910	4,042	82.3%	★★	409	698	170.7%		412	411	99.8%	★
RiverStone	Subject to Performance Agreement															
Roanoke-Chowan	Subject to Performance Agreement															
Rockingham	Subject to Performance Agreement															
Sandhills Center	4,712	3,065	65.0%	★★	2,720	2,182	80.2%	★★	2,105	1,086	51.6%	★★	1,160	1,244	107.2%	
Smoky Mountain	3,794	2,279	60.1%	★★	2,288	2,281	99.7%	★	927	1,253	135.2%		507	412	81.3%	★★
Southeastern Center	4,291	5,394	125.7%		8,977	6,121	68.2%	★★	858	1,667	194.3%		530	593	111.9%	
Southeastern Regional	2,713	1,569	57.8%	★★	1,490	1,119	75.1%	★★	1,002	997	99.5%	★	733	932	127.1%	
Tideland	Subject to Performance Agreement															
Vance-Granville-Franklin-Warren	3,735	3,888	104.1%		3,107	1,263	40.7%	★★	2,427	1,166	48.0%	★★	907	1,031	113.7%	
Wake	12,542	10,441	83.2%	★★	7,794	7,983	102.4%		5,449	7,571	138.9%		3,618	5,803	160.4%	
Western Highlands	Subject to Performance Agreement															
Wilson-Greene	Subject to Performance Agreement															

Number and Pct of LMEs that met the Best Practice Standard:	15 (71.4 %)	16 (76.2 %)	8 (38.1 %)	5 (23.8 %)
Number and Pct of LMEs that met the SFY 2005 Standard:	3 (14.3 %)	1 (4.8 %)	1 (4.8 %)	4 (19 %)
Total	18 (85.7 %)	17 (81 %)	9 (42.9 %)	9 (42.9 %)

Notes:
1. Percentages that exceed the annual SFY 2005 Performance Contract Standard are shaded red and in bold print. YTD straight-line percentage for the current quarter is 100%.

Percentages that exceed the YTD straight-line percentage are highlighted yellow.

2. ★ = Has met the annual SFY 2005 Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

Service Management.
1.3.5. Transition To Community Services (ADATC Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2005 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Alcohol and Drug Abuse Treatment Center (ADATC) - Substance Abuse			
	Annual Allocation	YTD # Used	YTD % Used1 [Straight-line = 100%]	Standard Met ²
Alamance-Caswell	Subject to Performance Agreement			
Albemarle	Subject to Performance Agreement			
Catawba	1,118	812	72.6%	★★
CenterPoint	1,068	1,357	127.1%	
Crossroads	919	1,394	151.7%	
Cumberland	763	300	39.3%	★★
Durham	2,336	951	40.7%	★★
Eastpointe	1,992	2,437	122.3%	
Edgecombe-Nash	Subject to Performance Agreement			
Foothills	2,180	2,082	95.5%	★
Guilford	2,515	1,689	67.2%	★★
Johnston	580	104	17.9%	★★
Lee-Harnett	Subject to Performance Agreement			
Mecklenburg	5,752	3,442	59.8%	★★
Neuse	992	445	44.9%	★★
New River	1,189	1,162	97.7%	★
Onslow	1,853	1,328	71.7%	★★
Orange-Person-Chatham	2,546	2,278	89.5%	★★
Pathways	Subject to Performance Agreement			
Pitt	1,753	1,255	71.6%	★★
RiverStone	Subject to Performance Agreement			
Roanoke-Chowan	Subject to Performance Agreement			
Rockingham	Subject to Performance Agreement			
Sandhills Center	2,709	2,217	81.8%	★★
Smoky Mountain	1,763	2,549	144.6%	
Southeastern Center	4,500	2,509	55.8%	★★
Southeastern Regional	1,403	1,634	116.5%	
Tideland	Subject to Performance Agreement			
Vance-Granville-Franklin-Warren	1,543	974	63.1%	★★
Wake	1,335	221	16.6%	★★
Western Highlands	Subject to Performance Agreement			
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

14 (66.7 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

2 (9.5 %)

Total

16 (76.2 %)

Notes:

- Percentages that exceed the annual SFY 2005 Performance Contract Standard are shaded and in bold print. YTD straight-line percentage for the current quarter is 100%. Percentages that exceed the YTD straight-line percentage are highlighted yellow.
- ★ = Has met the annual SFY 2005 Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

Provider Relations And Support.
1.4.1. Proximity

Performance Requirement: The LME ensures geographic access to supports and services for its consumers within approved proximity standards specified in its Local Business Plan. The LME shall submit an annual report with maps showing the location of providers and geographic coverage of its catchment area and shall provide information about the percentage of the population it is responsible for serving that is within the prescribed proximity standard for crisis, assessment, case management, outpatient therapy, and periodic CAP-MR/DD waiver services.

Best Practice Standard: 95% of the general population is within the required proximity standard for each type of service provider listed below.

SFY 2005 Standard: 85% of the general population is within the required proximity standard for each type of service provider listed below.

Local Management Entity	Approved Proximity Standard	Crisis Services ¹	Standard Met ²	Assessment ¹	Standard Met ²	Case Management ¹	Standard Met ²	Outpatient Therapy ¹	Standard Met ²	Periodic CAP-MR/DD Waiver Services ¹	Standard Met ²	Standard Met For All 5 Services ²
Alamance-Caswell	Subject to Performance Agreement											
Albemarle	Subject to Performance Agreement											
Catawba	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
CenterPoint												
Crossroads	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Cumberland	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Durham	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Eastpointe	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Edgecombe-Nash	Subject to Performance Agreement											
Foothills	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Guilford	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Johnston	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Lee-Harnett	Subject to Performance Agreement											
Mecklenburg	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Neuse	30 mi/30 min	97.3%	★★	97.3%	★★	98.8%	★★	98.8%	★★	99.1%	★★	★★
New River	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Onslow	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Orange-Person-Chatham	30 mi/30 min	98.8%	★★	98.8%	★★	98.8%	★★	98.8%	★★	99.1%	★★	★★
Pathways	Subject to Performance Agreement											
Pitt	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
RiverStone	Subject to Performance Agreement											
Roanoke-Chowan	Subject to Performance Agreement											
Rockingham	Subject to Performance Agreement											
Sandhills Center	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Smoky Mountain	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Southeastern Center	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Southeastern Regional	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Tideland	Subject to Performance Agreement											
Vance-Granville-Franklin-Warren	30 mi/30 min	99.6%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Wake	30 mi/30 min	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	100.0%	★★	★★
Western Highlands	Subject to Performance Agreement											
Wilson-Greene	Subject to Performance Agreement											

Number and Pct of LMEs that met the Best Practice Standard:	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)
Number and Pct of LMEs that met the SFY 2005 Standard:	0 (0 %)	0 (0 %)	0 (0 %)	0 (0 %)	0 (0 %)	0 (0 %)	0 (0 %)
Total	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)	20 (95.2 %)

Notes:

- Percentages indicate the percent of the population that is within the proximity standard for the service indicated. Percentages below 85% are shaded and in bold print.
- ★ = Met the SFY 2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Provider Relations And Support.
1.4.2. SB 163 Provider Monitoring

Performance Requirement: The LME develops Provider Monitoring policies and procedures and monitors providers in its catchment area in accordance with SL 2002-164, 10A NCAC 27G .0600, and its written policies and procedures. The LME shall submit monthly Provider Monitoring Reports to DHHS summarizing its monitoring activities. These reports shall be reviewed to ensure that identified issues are being followed-up and resolved or referred to DHHS in a timely manner. DHHS shall annually review the LME's written policies and procedures (P&Ps) to ensure that all required elements are addressed and shall review the LME's implementation of its P&Ps.

Best Practice Standard: Policies and procedures are developed, contain all required elements, and are implemented. **100%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

SFY 2005 Standard: Policies and procedures are developed, contain all required elements, and are implemented. **85%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

Local Management Entity	# of Providers Monitored	# of Providers With Issues	# With Issues Addressed ¹ Within Timelines	# With Issues Referred to DHHS	% Addressed or Referred ²	Standard Met ³	P&Ps Contain All Required Elements	P&Ps Satisfactorily Implemented	Standard Met ³
Alamance-Caswell		Subject to Performance Agreement							
Albemarle		Subject to Performance Agreement							
Catawba	17	17	11		64.7%				
CenterPoint	40	23	21	1	95.7%	★			
Crossroads	24	2	1		50.0%				
Cumberland	69	61	56	2	95.1%	★			
Durham	3	0				★★			
Eastpointe	20	18	16		88.9%	★			
Edgecombe-Nash		Subject to Performance Agreement							
Foothills	7	0				★★			
Guilford	28	24	23		95.8%	★			
Johnston	7	6	5		83.3%				
Lee-Harnett		Subject to Performance Agreement							
Mecklenburg	55	42	39	3	100.0%	★★			
Neuse	10	9	9		100.0%	★★			
New River	6	6	6		100.0%	★★			
Onslow	23	5	5		100.0%	★★			
Orange-Person-Chatham	0								
Pathways		Subject to Performance Agreement							
Pitt	20	7	4	3	100.0%	★★			
RiverStone		Subject to Performance Agreement							
Roanoke-Chowan		Subject to Performance Agreement							
Rockingham		Subject to Performance Agreement							
Sandhills Center	20	19	18	1	100.0%	★★			
Smoky Mountain	6	6	6		100.0%	★★			
Southeastern Center	3	3	2	1	100.0%	★★			
Southeastern Regional	21	15	13	1	93.3%	★			
Tideland		Subject to Performance Agreement							
Vance-Granville-Franklin-Warren	10	10	7		70.0%				
Wake	17	13	13		100.0%	★★			
Western Highlands		Subject to Performance Agreement							
Wilson-Greene		Subject to Performance Agreement							

Results for this portion of the report will be provided in the First Quarter FY06 report.

Number and Pct of LMEs that met the Best Practice Standard:	11 (52.4 %)	0 (0 %)
Number and Pct of LMEs that met the SFY 2005 Standard:	5 (23.8 %)	0 (0 %)
Total	16 (76.2 %)	0 (0 %)

Notes:

- "Addressed" means that as of the date of the monthly monitoring report (4 months following the monitoring visit), either the issues have been resolved, or improvement plans have been implemented and the LME is working with the provider to ensure that improvements are sustained.

Quality Management and Outcomes Evaluation.
1.6.1. Quality Improvement Process

Performance Requirement: The LME shall submit an annual Quality Improvement report that describes how it has used its QI process to address service service delivery system issues in at least one of the following areas: (a) building service capacity, (b) ensuring continuity of care during divestiture of services, and/or (c) ensuring the use of evidence-based practices. The report provides information about the QI projects that have been undertaken and addresses the following elements for each project: (1) the basis for choosing the issues targeted for improvement (e.g. data analyzed), (2) strategies developed to address identified issues, (3) actions taken, (4) an evaluation of results to date, and (5) recommendations for next steps.

Best Practice Standard: At least 5 QI projects were undertaken. All 5 elements were addressed for each project.

SFY 2005 Standard: At least 3 QI projects were undertaken. 3 elements were addressed for each project.

Local Management Entity	# QI Projects Reported	# Projects With All 5 Elements	# Projects With 3 Or 4 Elements	Standard Met ¹
Alamance-Caswell	Subject to Performance Agreement			
Albemarle	Subject to Performance Agreement			
Catawba	3	2	1	★
CenterPoint	5	0	4	★
Crossroads	6	1	5	★
Cumberland	5	3	2	★
Durham	5	5	0	★★
Eastpointe	5	1	3	★
Edgecombe-Nash	Subject to Performance Agreement			
Foothills	3	0	2	
Guilford	3	0	3	★
Johnston	3	0	3	★
Lee-Harnett	Subject to Performance Agreement			
Mecklenburg	5	5	0	★★
Neuse	5	1	3	★
New River	5	0	4	★
Onslow	5	1	4	★
Orange-Person-Chatham	3	2	1	★
Pathways	Subject to Performance Agreement			
Pitt	3	2	1	★
RiverStone	Subject to Performance Agreement			
Roanoke-Chowan	Subject to Performance Agreement			
Rockingham	Subject to Performance Agreement			
Sandhills Center	3	2	1	★
Smoky Mountain	2	1	1	
Southeastern Center	6	2	4	★
Southeastern Regional	5	5	0	★★
Tideland	Subject to Performance Agreement			
Vance-Granville-Franklin-Warren	3	3	0	★
Wake	4	3	1	★
Western Highlands	Subject to Performance Agreement			
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

3 (14.3 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

16 (76.2 %)

Total

19 (90.5 %)

Notes:

1. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

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Quality Management and Outcomes Evaluation.
1.6.3. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) recommendations for next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports are submitted on time and show clear evidence of an effective process containing elements (1)-(5).
SFY 2005 Standard: 75% of reports identify trends, contain plans, actions and results [elements (1)-(4)] for how the LME is addressing those trends to make improvement in services.

Local Management Entity	1st Qtr Report (Due 10/20/04)		2nd Qtr Report (Due 1/20/05)		3rd Qtr Report (Due 4/20/05)		4th Qtr Report (Due 7/20/05)		Standard Met ²
	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	
Alamance-Caswell	Subject to Performance Agreement								
Albemarle	Subject to Performance Agreement								
Catawba	NA		NA		4/18/05	All 5	7/21/05	All 5	★★
CenterPoint	NA		NA		4/19/05	All 5	7/20/05	All 5	★★
Crossroads	NA		NA		4/19/05	First 4	7/19/05	All 5	★
Cumberland	NA		NA		4/14/05	All 5	7/19/05	All 5	★★
Durham	NA		NA		4/20/05	All 5	7/19/05	All 5	★★
Eastpointe	NA		NA		4/19/05	All 5	7/20/05	All 5	★★
Edgecombe-Nash	Subject to Performance Agreement								
Foothills	NA		NA		4/7/05	All 5	7/15/05	First 4	★
Guilford	NA		NA		4/21/05	All 5	7/13/05	All 5	★★
Johnston	NA		NA		4/19/05	First 4	7/20/05	All 5	★
Lee-Harnett	Subject to Performance Agreement								
Mecklenburg	NA		NA		4/27/05	All 5	7/18/05	All 5	★★
Neuse	NA		NA		4/14/05	All 5	7/11/05	All 5	★★
New River	NA		NA		4/21/05	All 5	7/12/05	All 5	★★
Onslow	NA		NA		5/2/05	All 5	7/20/05	All 5	★★
Orange-Person-Chatham					4/19/05	All 5	7/12/05	All 5	★★
Pathways	Subject to Performance Agreement								
Pitt	NA		NA		4/11/05	All 5	7/13/05	All 5	★★
RiverStone	Subject to Performance Agreement								
Roanoke-Chowan	Subject to Performance Agreement								
Rockingham	Subject to Performance Agreement								
Sandhills Center	NA		NA		4/20/05	All 5	7/20/05	All 5	★★
Smoky Mountain	NA		NA		4/20/05	All 5	7/20/05	All 5	★★
Southeastern Center	NA		NA		4/20/05	All 5	7/20/05	All 5	★★
Southeastern Regional	NA		NA		4/20/05	All 5	7/20/05	All 5	★★
Tideland	Subject to Performance Agreement								
Vance-Granville-Franklin-Warren	NA		NA		4/22/05	All 5	7/5/05	All 5	★★
Wake	NA		NA		4/19/05	All 5	7/18/05	All 5	★★
Western Highlands	Subject to Performance Agreement								
Wilson-Greene	Subject to Performance Agreement								

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:	18 (85.7%)
Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2005 Standard:	3 (14.3%)
Total	21 (100%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.
2. The performance standard is an annual standard. Progress is reported quarterly. The Standard Met calculations give credit for meeting the first two quarters.
 - ☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.
 - ★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2005 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/04)		2nd Qtr Report (Due 1/20/05)		3rd Qtr Report (Due 4/20/05)		4th Qtr Cash-Basis Report (Due 7/20/05)		4th Qtr Accrual- Basis Report (Due 7/31/05)		Standard Met ²
	Date Received ¹	Accurate, Complete	Date Received ¹	Accurate, Complete	Date Received ¹	Accurate, Complete	Date Received ¹	Accurate, Complete	Date Received ¹	Accurate, Complete	
Alamance-Caswell	Subject to Performance Agreement										
Albemarle	Subject to Performance Agreement										
Catawba					4/20/05	Yes					
CenterPoint					Not Recd						
Crossroads					4/20/05	Yes					
Cumberland					4/20/05	Yes					
Durham					4/20/05	Yes					
Eastpointe					Not Recd						
Edgecombe-Nash	Subject to Performance Agreement										
Foothills					4/20/05	Yes					
Guilford					Not Recd						
Johnston					4/20/05	Yes					
Lee-Harnett	Subject to Performance Agreement										
Mecklenburg					Not Recd						
Neuse					4/20/05	Yes					
New River					4/20/05	Yes					
Onslow					Not Recd						
Orange-Person-Chatham											
Pathways	Subject to Performance Agreement										
Pitt					Not Recd						
RiverStone	Subject to Performance Agreement										
Roanoke-Chowan	Subject to Performance Agreement										
Rockingham	Subject to Performance Agreement										
Sandhills Center					4/20/05	Yes					
Smoky Mountain					4/20/05	Yes					
Southeastern Center					4/20/05	Yes					
Southeastern Regional					4/15/05	Yes					
Tideland	Subject to Performance Agreement										
Vance-Granville-Franklin-Warren					4/20/05	Yes					
Wake					4/20/05	Yes					
Western Highlands	Subject to Performance Agreement										
Wilson-Greene	Subject to Performance Agreement										

Due to the end of year close-out, 4th Quarter results will be reported in the 1st Quarter SFY06

Number and Percent of LMEs that met the Best Practice Standard:

0 (0 %)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date
2. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.3. System Monitoring - Payback Timeliness

Performance Requirement: The LME shall ensure that timely and complete paybacks are made within 90 days of notice. DMH/DD/SAS will reconcile LME Payback Reports with DMA and review for timeliness.

Best Practice Standard: 100% of required paybacks are made within 60 days of notice from DHHS.

SFY 2005 Standard: 100% of required paybacks are made within 90 days of notice from DHHS.

Local Management Entity	# Events That Required A Payback	# Paid Back Within 60 days	# Paid Back Between 61-90 days	# Exceeds 90 days Or Not Paid Back	% Paid Back Within 60 days	% Paid Back Within 90 days ¹	Standard Met ²
Alamance-Caswell	Subject to Performance Agreement						
Albemarle	Subject to Performance Agreement						
Catawba							
CenterPoint							
Crossroads							
Cumberland							
Durham							
Eastpointe							
Edgecombe-Nash	Subject to Performance Agreement						
Foothills							
Guilford							
Johnston							
Lee-Harnett	Subject to Performance Agreement						
Mecklenburg							
Neuse							
New River							
Onslow							
Orange-Person-Chatham							
Pathways	Subject to Performance Agreement						
Pitt							
RiverStone	Subject to Performance Agreement						
Roanoke-Chowan	Subject to Performance Agreement						
Rockingham	Subject to Performance Agreement						
Sandhills Center							
Smoky Mountain							
Southeastern Center							
Southeastern Regional							
Tideland	Subject to Performance Agreement						
Vance-Granville-Franklin-Warren							
Wake							
Western Highlands	Subject to Performance Agreement						
Wilson-Greene	Subject to Performance Agreement						

Deferred until SFY06 until at least 90 days following the release of the results of the annual audits.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0 %)

Total

0 (0 %)

Notes:

1. Percentages below 100% are shaded and in bold print.

2. ★ = Met SFY 2005 Performance Contract Standard. ★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract
Fourth Quarter Report
April 1, 2005 - June 30, 2005

Information Management, Analysis, and Reporting.
1.8.1.4. System Monitoring - SAPTBG Compliance Report

Performance Requirement: The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

Best Practice Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received by the due date.

SFY 2005 Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

Local Management Entity	Mid-Year Report (Due 1/20/05)			End Of Year Report (Due 7/20/05)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell	Subject to Performance Agreement						
Albemarle	Subject to Performance Agreement						
Catawba				7/19/05	Yes	Yes	★★
CenterPoint				7/20/05	Yes	Yes	★★
Crossroads				7/20/05	Yes	Yes	★★
Cumberland				7/20/05	Yes	Yes	★★
Durham				7/19/05	Yes	Yes	★★
Eastpointe				7/13/05	Yes	Yes	★★
Edgecombe-Nash	Subject to Performance Agreement						
Foothills				7/19/05	Yes	Yes	★★
Guilford				7/15/05	Yes	Yes	★★
Johnston				7/27/05	Yes	Yes	★
Lee-Harnett	Subject to Performance Agreement						
Mecklenburg				7/19/05	Yes	Yes	★★
Neuse				7/20/05	Yes	Yes	★★
New River				7/25/05	Yes	Yes	★
Onslow				7/20/05	Yes	Yes	★★
Orange-Person-Chatham				7/20/05	Yes	Yes	★★
Pathways	Subject to Performance Agreement						
Pitt				7/20/05	Yes	Yes	★★
RiverStone	Subject to Performance Agreement						
Roanoke-Chowan	Subject to Performance Agreement						
Rockingham	Subject to Performance Agreement						
Sandhills Center				7/19/05	Yes	Yes	★★
Smoky Mountain				None	No	No	
Southeastern Center				7/15/05	Yes	Yes	★★
Southeastern Regional				7/19/05	Yes	Yes	★★
Tideland	Subject to Performance Agreement						
Vance-Granville-Franklin-Warren				7/20/05	Yes	Yes	★★
Wake				7/20/05	Yes	Yes	★★
Western Highlands	Subject to Performance Agreement						
Wilson-Greene	Subject to Performance Agreement						

Number and Pct of LMEs that met the Best Practice Standard:

18 (85.7 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

2 (9.5 %)

Total

20 (95.2 %)

Notes:

- Dates that are shaded and in **bold** font indicate reports not received by the due date. *Italicized* dates with light/yellow shading meet the SFY2005 Standard.
- ★ = Meeting (YTD) or Met (End of Year) SFY2005 Performance Contract Standard. ★★ = Meeting (YTD) or Met (End of Year) Best Practice Standard.

2004 - 2005 Performance Contract
Fourth Quarter Report
April 1, 2005 - June 30, 2005

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2005 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity	3rd Qtr Reports (Due 4/20/05)										4th Qtr Reports (Due 7/20/05)									
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Youth Devel. Center		Standard Met ²		Juvenile Detention		MAJORS		Multi-purpose Group Home		Youth Devel. Center		Standard Met ²	
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete			Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		
Alamance-Caswell									Subject to Performance Agreement										Subject to Performance Agreement	
Albemarle									Subject to Performance Agreement										Subject to Performance Agreement	
Catawba																				
CenterPoint	4/20/05	Yes	4/20/05	Yes					★★		7/20/05	Yes	7/20/05	Yes						★★
Crossroads																				
Cumberland	4/18/05	Yes	4/18/05	Yes					★★		7/14/05	Yes	7/14/05	Yes						★★
Durham	4/20/05	Yes	4/15/05	Yes					★★		7/20/05	Yes	7/20/05	Yes						★★
Eastpointe					4/28/05	Yes	4/19/05	Yes	★						7/20/05	Yes	7/20/05	Yes	★★	
Edgecombe-Nash									Subject to Performance Agreement										Subject to Performance Agreement	
Foothills	Not Rec'd										7/20/05	Yes							★★	
Guilford	4/18/05	Yes	4/15/05	Yes					★★		7/20/05	Yes	7/20/05	Yes					★★	
Johnston																				
Lee-Harnett									Subject to Performance Agreement										Subject to Performance Agreement	
Mecklenburg	3/31/05	Yes							★★		7/20/05	Yes							★★	
Neuse			4/20/05	No	4/20/05	No							7/19/05	Yes	7/19/05	Yes			★★	
New River																				
Onslow																				
Orange-Person-Chatham																				
Pathways									Subject to Performance Agreement										Subject to Performance Agreement	
Pitt	4/14/05	Yes	4/14/05	Yes					★★		7/19/05	Yes	7/19/05	Yes					★★	
RiverStone									Subject to Performance Agreement										Subject to Performance Agreement	
Roanoke-Chowan									Subject to Performance Agreement										Subject to Performance Agreement	
Rockingham									Subject to Performance Agreement										Subject to Performance Agreement	
Sandhills Center	4/20/05	Yes	4/20/05	Yes			4/20/05	Yes	★★		7/20/05	Yes	7/20/05	Yes			7/20/05	Yes	★★	
Smoky Mountain																				
Southeastern Center	4/18/05	Yes							★★		7/20/05	Yes							★★	
Southeastern Regional					4/1/05	Yes			★★						7/20/05	Yes			★★	
Tideland									Subject to Performance Agreement										Subject to Performance Agreement	
Vance-Granville-Franklin-Warren							4/15/05	Yes	★★								7/20/05	Yes	★★	
Wake	4/20/05	Yes	4/20/05	Yes					★★		7/20/05	Yes	7/20/05	Yes					★★	
Western Highlands									Subject to Performance Agreement										Subject to Performance Agreement	
Wilson-Greene									Subject to Performance Agreement										Subject to Performance Agreement	

Met the Best Practice Standard:

11 (78.6%)

14 (100%)

Met the SFY2005 Standard:

1 (7.1%)

0 (0%)

Total

12 (85.7%)

14 (100%)

Notes:

1. Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the Current SFY Standard.

2. ★ = Met SFY2005 Performance Contract Standard.

★★ = Met Best Practice Standard.

2004 - 2005 Performance Contract
Fourth Quarter Report
April 1, 2005 - June 30, 2005

Information Management, Analysis, and Reporting.
1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2005 Standard: 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report (Due 10/20/04)		2nd Qtr Report (Due 1/20/05)		3rd Qtr Report (Due 4/20/05)		4th Qtr Report (Due 7/20/05)		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell	Subject to Performance Agreement								
Albemarle	Subject to Performance Agreement								
Catawba					4/20/05	Yes	7/1/05	Yes	★★
CenterPoint					4/20/05	Yes	7/20/05	Yes	★★
Crossroads					4/20/05	Yes	7/15/05	Yes	★★
Cumberland					4/18/05	Yes	7/19/05	Yes	★★
Durham					4/15/05	Yes	7/18/05	Yes	★★
Eastpointe					4/18/05	Yes	7/18/05	Yes	★★
Edgecombe-Nash	Subject to Performance Agreement								
Foothills					4/20/05	Yes	7/9/05	Yes	★★
Guilford					4/9/05	Yes	7/15/05	Yes	★★
Johnston					4/13/05	Yes	7/15/05	Yes	★★
Lee-Harnett	Subject to Performance Agreement								
Mecklenburg					4/20/05	Yes	7/20/05	Yes	★★
Neuse					4/20/05	Yes	7/19/05	Yes	★★
New River					4/20/05	Yes	7/29/05	Yes	★
Onslow					4/20/05	Yes	7/14/05	Yes	★★
Orange-Person-Chatham					4/20/05	Yes	7/15/05	Yes	★★
Pathways	Subject to Performance Agreement								
Pitt					4/20/05	Yes	7/20/05	Yes	★★
RiverStone	Subject to Performance Agreement								
Roanoke-Chowan	Subject to Performance Agreement								
Rockingham	Subject to Performance Agreement								
Sandhills Center					4/20/05	Yes	7/20/05	Yes	★★
Smoky Mountain					4/18/05	Yes	7/20/05	Yes	★★
Southeastern Center					4/18/05	Yes	7/12/05	Yes	★★
Southeastern Regional					4/18/05	Yes	7/15/05	Yes	★★
Tideland	Subject to Performance Agreement								
Vance-Granville-Franklin-Warren					4/12/05	Yes	7/8/05	Yes	★★
Wake					4/12/05	Yes	7/20/05	Yes	★★
Western Highlands	Subject to Performance Agreement								
Wilson-Greene	Subject to Performance Agreement								

Number and Pct of LMEs that met the Best Practice Standard:

20 (95.2%)

Number and Pct of LMEs that met the SFY 2005 Standard:

1 (4.8%)

Total

21 (100%)

Notes:

- Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the SFY2005 Standard.
- The performance standard is an annual standard. Progress is reported quarterly.

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) SFY2005 Performance Contract Standard.

★★ = Met (End of Year) Best Practice Standard.

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Fourth Quarter Report
April 1, 2005 - June 30, 2005

Information Management, Analysis, and Reporting.
1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of July 31, 2005.

Local Management Entity	Facility Code	APR	MAY	JUN	Fourth Quarter Adm SFY2005	Fourth Quarter Adm SFY2004	Monthly Average SFY2005	Monthly Average SFY2004
Alamance-Caswell	23051	Subject to Performance Agreement						
Albemarle	43121	Subject to Performance Agreement						
Catawba	13091	149	132	155	436	499	145	166
CenterPoint	23021	356	344	338	1,038	1,193	346	398
CrossRoads	23011	142	158	169	469	933	156	311
Cumberland	33051	345	349	310	1,004	759	335	253
Durham	23071	234	187	129	550	409	183	136
Eastpointe	43081	140	115	106	361	529	120	176
Edgecombe-Nash	43051	Subject to Performance Agreement						
Foothills	13051	162	109	84	355	310	118	103
Guilford	23041	347	327	222	896	1,206	299	402
Johnston	33071	152	129	131	412	452	137	151
Lee-Harnett	33061	Subject to Performance Agreement						
Mecklenburg-Carolina Medical	13101	0	0	0	0	939	0	313
Mecklenburg-Child Dev. Disabilities	13102	255	282	336	873	1,153	291	384
Neuse	43071	109	99	80	288	348	96	116
New River	13030	195	145	153	493	512	164	171
Onslow	43021	112	69	68	249	196	83	65
Orange-Person-Chatham	23061	154	147	140	441	452	147	151
Pathways	13081	Subject to Performance Agreement						
Pitt	43091	46	10	16	72	470	24	157
RiverStone	43061	Subject to Performance Agreement						
Roanoke-Chowan	43101	Subject to Performance Agreement						
Rockingham	23031	Subject to Performance Agreement						
Sandhills	33031	363	342	335	1,040	695	347	232
Smoky Mountain	13010	313	72	0	385	676	128	225
Southeastern Center	43011	245	185	172	602	546	201	182
Southeastern Regional	33041	115	157	136	408	542	136	181
Tideland	43111	Subject to Performance Agreement						
Vance-Granville-Franklin-Warren	23081	97	108	45	250	278	83	93
Wake	33081	247	226	229	702	745	234	248
Western Highlands	13131	Subject to Performance Agreement						
Wilson-Greene	43041	Subject to Performance Agreement						
TOTAL ADMISSIONS		4,278	3,692	3,354	11,324	13,842	3,775	4,614

Data that are shaded are incomplete or appear to be inaccurate.

2004 - 2005 Performance Contract
Fourth Quarter Report
April 1, 2005 - June 30, 2005

Information Management, Analysis, and Reporting.
1.8.2.2. Consumer Information - Client Data Warehouse (CDW)
Completeness of Required Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Data has been entered in all required fields.

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) where all required data fields are complete.

Best Practice Standard: 90% of all required data fields are complete for the prior quarter.

SFY 2005 Standard: 80% of all required data fields are complete for the prior quarter.

Local Management Entity	State Of Residence	Ability To Pay	Competency Status	EAP Code	Education Level	Employment Status	Veteran Status	Standard Met ²
Alamance-Caswell	Subject to Performance Agreement							
Albemarle	Subject to Performance Agreement							
Catawba	100%	100%	100%	100%	100%	100%	100%	★★
CenterPoint	100%	100%	100%	100%	100%	100%	100%	★★
Crossroads	100%	99%	100%	100%	100%	100%	100%	★★
Cumberland	100%	100%	100%	100%	100%	100%	100%	★★
Durham	100%	96%	100%	100%	99%	100%	66%	
Eastpointe	100%	100%	100%	99%	100%	100%	100%	★★
Edgecombe-Nash	Subject to Performance Agreement							
Foothills	100%	100%	100%	100%	100%	100%	100%	★★
Guilford	100%	100%	100%	100%	100%	100%	100%	★★
Johnston	100%	100%	100%	100%	100%	100%	100%	★★
Lee-Harnett	Subject to Performance Agreement							
Mecklenburg	100%	100%	100%	100%	100%	100%	100%	★★
Neuse	100%	100%	100%	100%	100%	100%	100%	★★
New River	100%	92%	100%	100%	100%	100%	100%	★★
Onslow	100%	100%	100%	100%	100%	100%	100%	★★
Orange-Person-Chatham	100%	100%	100%	100%	100%	100%	100%	★★
Pathways	Subject to Performance Agreement							
Pitt	100%	100%	100%	100%	100%	100%	100%	★★
RiverStone	Subject to Performance Agreement							
Roanoke-Chowan	Subject to Performance Agreement							
Rockingham	Subject to Performance Agreement							
Sandhills Center	100%	99%	100%	100%	100%	100%	100%	★★
Smoky Mountain	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Center	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Regional	100%	100%	100%	100%	100%	100%	100%	★★
Tideland	Subject to Performance Agreement							
Vance-Granville-Franklin-Warren	100%	100%	100%	100%	100%	100%	100%	★★
Wake	100%	100%	100%	100%	100%	100%	100%	★★
Western Highlands	Subject to Performance Agreement							
Wilson-Greene	Subject to Performance Agreement							

Number and Pct of LMEs that met the Best Practice Standard:

20 (95.2 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0 %)

Total

20 (95.2 %)

Notes:

- Percentages less than 80% appear shaded and in bold font.
- ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.3. Consumer Information - Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) where all mandatory data fields contain a value other than "unknown".

Best Practice Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

SFY 2005 Standard: 85% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	County	Race	Ethnicity	Gender	Marital Status	Standard Met ²
Alamance-Caswell		Subject to Performance Agreement				
Albemarle		Subject to Performance Agreement				
Catawba	100%	100%	100%	100%	100%	★★
CenterPoint	100%	100%	100%	100%	100%	★★
Crossroads	100%	97%	94%	100%	99%	★★
Cumberland	100%	98%	100%	100%	100%	★★
Durham	100%	100%	96%	100%	99%	★★
Eastpointe	100%	100%	100%	100%	100%	★★
Edgecombe-Nash		Subject to Performance Agreement				
Foothills	100%	100%	100%	100%	100%	★★
Guilford	100%	100%	99%	100%	99%	★★
Johnston	100%	100%	100%	100%	100%	★★
Lee-Harnett		Subject to Performance Agreement				
Mecklenburg	100%	99%	96%	100%	99%	★★
Neuse	100%	100%	100%	100%	100%	★★
New River	100%	97%	97%	100%	98%	★★
Onslow	100%	100%	100%	100%	100%	★★
Orange-Person-Chatham	100%	100%	100%	100%	100%	★★
Pathways		Subject to Performance Agreement				
Pitt	100%	98%	100%	100%	92%	★★
RiverStone		Subject to Performance Agreement				
Roanoke-Chowan		Subject to Performance Agreement				
Rockingham		Subject to Performance Agreement				
Sandhills Center	100%	100%	100%	100%	99%	★★
Smoky Mountain	100%	100%	100%	100%	100%	★★
Southeastern Center	100%	99%	97%	100%	99%	★★
Southeastern Regional	100%	100%	100%	100%	100%	★★
Tideland		Subject to Performance Agreement				
Vance-Granville-Franklin-Warren	100%	100%	100%	100%	100%	★★
Wake	100%	100%	100%	100%	99%	★★
Western Highlands		Subject to Performance Agreement				
Wilson-Greene		Subject to Performance Agreement				

Number and Pct of LMEs that met the Best Practice Standard:

21 (100 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0 %)

Total

21 (100 %)

Notes:

- Percentages less than 85% appear shaded and in bold font
- ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.4. Consumer Information - Client Data Warehouse (CDW)
Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claim record.

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) with an identifying record and demographic record completed within 30 days of the beginning date of service.

Best Practice Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

SFY 2005 Standard: 80% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	Subject to Performance Agreement	
Albemarle	Subject to Performance Agreement	
Catawba	90%	★★
CenterPoint	100%	★★
Crossroads	95%	★★
Cumberland	100%	★★
Durham	99%	★★
Eastpointe	91%	★★
Edgecombe-Nash	Subject to Performance Agreement	
Foothills	98%	★★
Guilford	98%	★★
Johnston	100%	★★
Lee-Harnett	Subject to Performance Agreement	
Mecklenburg	88%	★
Neuse	99%	★★
New River	79%	
Onslow	90%	★★
Orange-Person-Chatham	96%	★★
Pathways	Subject to Performance Agreement	
Pitt	80%	★
RiverStone	Subject to Performance Agreement	
Roanoke-Chowan	Subject to Performance Agreement	
Rockingham	Subject to Performance Agreement	
Sandhills Center	96%	★★
Smoky Mountain	96%	★★
Southeastern Center	96%	★★
Southeastern Regional	95%	★★
Tideland	Subject to Performance Agreement	
Vance-Granville-Franklin-Warren	97%	★★
Wake	93%	★★
Western Highlands	Subject to Performance Agreement	
Wilson-Greene	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

18 (85.7 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

2 (9.5 %)

Total

20 (95.2 %)

Notes:

1. Percentages less than 80% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.5. Consumer Information - Client Data Warehouse (CDW)
Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, CSMAJ.

The table below shows the percentage¹ of open clients in the designated target populations (1 quarter lag) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

SFY 2005 Standard: 80% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell	Subject to Performance Agreement	
Albemarle	Subject to Performance Agreement	
Catawba	93%	★★
CenterPoint	100%	★★
Crossroads	88%	★
Cumberland	99%	★★
Durham	96%	★★
Eastpointe	96%	★★
Edgecombe-Nash	Subject to Performance Agreement	
Foothills	100%	★★
Guilford	97%	★★
Johnston	99%	★★
Lee-Harnett	Subject to Performance Agreement	
Mecklenburg	97%	★★
Neuse	96%	★★
New River	100%	★★
Onslow	91%	★★
Orange-Person-Chatham	100%	★★
Pathways	Subject to Performance Agreement	
Pitt	74%	
RiverStone	Subject to Performance Agreement	
Roanoke-Chowan	Subject to Performance Agreement	
Rockingham	Subject to Performance Agreement	
Sandhills Center	94%	★★
Smoky Mountain	32%	
Southeastern Center	94%	★★
Southeastern Regional	100%	★★
Tideland	Subject to Performance Agreement	
Vance-Granville-Franklin-Warren	84%	★
Wake	98%	★★
Western Highlands	Subject to Performance Agreement	
Wilson-Greene	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:

17 (81 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

2 (9.5 %)

Total

19 (90.5 %)

Notes:

1. Percentages less than 80% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.6. Consumer Information - Early Intervention Client Outcomes Inventory (EI-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The EI COI is required for consumers up through age five whose case number ends in 3 or 6 (20% sample). The expected number of initial forms is the number of active consumers in the CDW in this age group with case numbers ending in 3 or 6.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2005 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted ¹	Standard Met ²
Alamance-Caswell		Subject to Performance Agreement		
Albemarle		Subject to Performance Agreement		
Catawba				
CenterPoint				
Crossroads				
Cumberland				
Durham				
Eastpointe				
Edgecombe-Nash		Subject to Performance Agreement		
Foothills				
Guilford				
Johnston				
Lee-Harnett		Subject to Performance Agreement		
Mecklenburg				
Neuse				
New River				
Onslow				
Orange-Person-Chatham				
Pathways		Subject to Performance Agreement		
Pitt				
RiverStone		Subject to Performance Agreement		
Roanoke-Chowan		Subject to Performance Agreement		
Rockingham		Subject to Performance Agreement		
Sandhills Center				
Smoky Mountain				
Southeastern Center				
Southeastern Regional				
Tideland		Subject to Performance Agreement		
Vance-Granville-Franklin-Warren				
Wake				
Western Highlands		Subject to Performance Agreement		
Wilson-Greene		Subject to Performance Agreement		

Results not included due to Division reevaluation of the requirement.

Number and Pct of LMEs that met the Best Practice Standard:

0 (0 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0 %)

Total

0 (0 %)

Notes:

1. Percentages less than 90% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

2004 - 2005 Performance Contract
Fourth Quarter Report
April 1, 2005 - June 30, 2005

Information Management, Analysis, and Reporting.
1.8.2.7. Consumer Information - DD Client Outcomes Inventory (DD-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The DD COI is required for consumers ages 6 and over with a primary disability of DD whose case number ends in 3 or 6 (20% sample). The expected number of initial forms is the number of active consumers in the CDW in this age and disability group with case numbers ending in 3 or 6.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2005 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted ¹	Standard Met ²
Alamance-Caswell		Subject to Performance Agreement		
Albemarle		Subject to Performance Agreement		
Catawba	11	10	90.9%	★
CenterPoint	32	11	34.4%	
Crossroads	16	4	25.0%	
Cumberland	25	20	80.0%	
Durham	34	25	73.5%	
Eastpointe	35	12	34.3%	
Edgecombe-Nash		Subject to Performance Agreement		
Foothills	8	6	75.0%	
Guilford	54	46	85.2%	
Johnston	6	5	83.3%	
Lee-Harnett		Subject to Performance Agreement		
Mecklenburg	11	10	90.9%	★
Neuse	27	14	51.9%	
New River	14	10	71.4%	
Onslow	26	17	65.4%	
Orange-Person-Chatham	26	22	84.6%	
Pathways		Subject to Performance Agreement		
Pitt	11	3	27.3%	
RiverStone		Subject to Performance Agreement		
Roanoke-Chowan		Subject to Performance Agreement		
Rockingham		Subject to Performance Agreement		
Sandhills Center	31	21	67.7%	
Smoky Mountain	12	3	25.0%	
Southeastern Center	24	14	58.3%	
Southeastern Regional	38	26	68.4%	
Tideland		Subject to Performance Agreement		
Vance-Granville-Franklin-Warren	12	6	50.0%	
Wake	59	44	74.6%	
Western Highlands		Subject to Performance Agreement		
Wilson-Greene		Subject to Performance Agreement		

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2005 Standard:
Total

0 (0 %)

2 (9.5 %)

2 (9.5 %)

Notes:

1. Percentages less than 90% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.8. Consumer Information - MH/SA Client Outcomes Inventory (MH/SA-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The MH/SA COI is required for all consumers with a primary disability of mental health and/or substance abuse whose case number ends in 3 or 6 (20% sample) until transition to the expanded, web-based NC TOPPS system has been completed. Transition is expected to be completed by the end of the fiscal year. The expected number of initial forms is the number of active consumers in the CDW with case numbers ending in 3 or 6 minus the number of consumers who are administered the NC-TOPPS outcomes instrument.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2005 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	# of Admission Records in CDW Ending in 3 or 6	# of NC-TOPPS Admission Forms Ending in 3 or 6	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted ¹	Standard Met ²
Alamance-Caswell	Subject to Performance Agreement					
Albemarle	Subject to Performance Agreement					
Catawba			Results not included due to challenges of the transition process from MH/SA COI to NC-TOPPS.			
CenterPoint						
Crossroads						
Cumberland						
Durham						
Eastpointe						
Edgecombe-Nash	Subject to Performance Agreement					
Foothills						
Guilford						
Johnston						
Lee-Harnett	Subject to Performance Agreement					
Mecklenburg						
Neuse						
New River						
Onslow						
Orange-Person-Chatham						
Pathways	Subject to Performance Agreement					
Pitt						
RiverStone	Subject to Performance Agreement					
Roanoke-Chowan	Subject to Performance Agreement					
Rockingham	Subject to Performance Agreement					
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Tideland	Subject to Performance Agreement					
Vance-Granville-Franklin-Warren						
Wake						
Western Highlands	Subject to Performance Agreement					
Wilson-Greene	Subject to Performance Agreement					

Number and Pct of LMEs that met the Best Practice Standard:

0 (0 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0 %)

Total

0 (0 %)

Notes:

- Percentages less than 90% appear shaded and in bold font.
- ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all consumers in specified substance abuse populations and shall be submitted within the timeframes specified in the NC-TOPPS Manual. The expected number of initial forms is the number of active consumers in IPRS in the relevant target populations. Initial forms are due by the last day of the month following the month the initial form is administered. For example, if the initial form is administered in October, the form is required to be submitted by November 30. All initial forms shall be complete and accurate.

Best Practice Standard: 100% of the expected initial forms are received on time and are complete.

SFY 2005 Standard: 90% of the expected initial forms are received on time and 90% of the items are complete.

Local Management Entity	Expected # of Initial Assessments	Criterion 1: Receipt		Criterion 2: Timeliness		Criterion 3: Completeness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	# of Initial Assessments that are at least 90% Complete	% of Expected Assessments that are at least 90% Complete ¹	
Alamance-Caswell		Subject to Performance Agreement						
Albemarle		Subject to Performance Agreement						
Catawba								
CenterPoint								
Crossroads								
Cumberland								
Durham								
Eastpointe								
Edgecombe-Nash		Subject to Performance Agreement						
Foothills								
Guilford								
Johnston								
Lee-Harnett		Subject to Performance Agreement						
Mecklenburg								
Neuse								
New River								
Onslow								
Orange-Person-Chatham								
Pathways		Subject to Performance Agreement						
Pitt								
RiverStone		Subject to Performance Agreement						
Roanoke-Chowan		Subject to Performance Agreement						
Rockingham		Subject to Performance Agreement						
Sandhills Center								
Smoky Mountain								
Southeastern Center								
Southeastern Regional								
Tideland		Subject to Performance Agreement						
Vance-Granville-Franklin-Warren								
Wake								
Western Highlands		Subject to Performance Agreement						
Wilson-Greene		Subject to Performance Agreement						

Results not included until SFY06 due to challenges of the transition process from MH/SA COI to NC-TOPPS.

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2005 Standard:

Total

0 (0 %)

0 (0 %)

0 (0 %)

Notes:

- Percentages less than 90% appear shaded and in bold font.
- ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.12. Consumer Information - Olmstead Outcome Monitoring

Performance Requirement: The LME, through providers, will collect and submit to DMH/DD/SAS via the web outcomes data on all consumers transitioning from State facilities, monthly for 6 months, then quarterly for 9 months (e.g. months #9, #12, and #15), the annually thereafter starting at month #24.

Best Practice Standard: 100% of forms are completed as required and received by the required date.

SFY 2005 Standard: 100% of forms are completed as required and received within 30 days after the required date.

Local Management Entity	Timeliness of Submission	Completeness (# Received/# Expected)			Standard Met ²
		# Received	# Expected	% Complete ¹	
Alamance-Caswell		Subject to Performance Agreement			
Albemarle		Subject to Performance Agreement			
Catawba		Results not included until SFY06 due to technical issues around LMEs accessing the web-based monitoring tool.			
CenterPoint					
Crossroads					
Cumberland					
Durham					
Eastpointe					
Edgecombe-Nash		Subject to Performance Agreement			
Foothills					
Guilford					
Johnston					
Lee-Harnett		Subject to Performance Agreement			
Mecklenburg					
Neuse					
New River					
Onslow					
Orange-Person-Chatham					
Pathways		Subject to Performance Agreement			
Pitt					
RiverStone		Subject to Performance Agreement			
Roanoke-Chowan		Subject to Performance Agreement			
Rockingham		Subject to Performance Agreement			
Sandhills Center					
Smoky Mountain					
Southeastern Center					
Southeastern Regional					
Tideland		Subject to Performance Agreement			
Vance-Granville-Franklin-Warren					
Wake					
Western Highlands		Subject to Performance Agreement			
Wilson-Greene		Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

0 (0 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

0 (0 %)

Total

0 (0 %)

Notes:

1. Percentages less than 100% appear shaded and in bold font.

2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, a file containing current assessment forms for all consumers receiving DD services.

Best Practice Standard: 100% of current assessments are no more than 15 months old.

SFY 2005 Standard: 95% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell	Subject to Performance Agreement			
Albemarle	Subject to Performance Agreement			
Catawba	415	343	82.7%	
CenterPoint	1,153	1,111	96.4%	★
Crossroads	727	141	19.4%	
Cumberland	863	349	40.4%	
Durham	861	532	61.8%	
Eastpointe	1,082	548	50.6%	
Edgecombe-Nash	Subject to Performance Agreement			
Foothills	588	481	81.8%	
Guilford	1,618	1,155	71.4%	
Johnston	462	276	59.7%	
Lee-Harnett	Subject to Performance Agreement			
Mecklenburg	2,336	1,385	59.3%	
Neuse	443	440	99.3%	★
New River	668	500	74.9%	
Onslow	353	240	68.0%	
Orange-Person-Chatham	919	893	97.2%	★
Pathways	Subject to Performance Agreement			
Pitt	515	343	66.6%	
RiverStone	Subject to Performance Agreement			
Roanoke-Chowan	Subject to Performance Agreement			
Rockingham	Subject to Performance Agreement			
Sandhills Center	637	635	99.7%	★
Smoky Mountain	433	427	98.6%	★
Southeastern Center	929	797	85.8%	
Southeastern Regional	1,029	1,029	100.0%	★★
Tideland	Subject to Performance Agreement			
Vance-Granville-Franklin-Warren	606	587	96.9%	★
Wake	2,020	1,635	80.9%	
Western Highlands	Subject to Performance Agreement			
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:

1 (4.8 %)

Number and Pct of LMEs that met the SFY 2005 Standard:

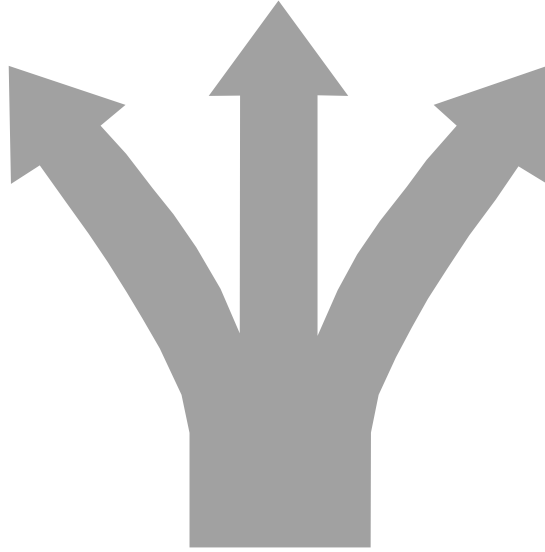
6 (28.6 %)

Total

7 (33.3 %)

Notes:

1. Percentages less than 95% appear shaded and in bold font.
2. ★ = Met the SFY2005 Performance Contract Standard. ★★ = Met the Best Practice Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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